Name in Full: John antoni's

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wellersburgh — County:

Date of death: Month: April — Day: 3 — 1904

Age: Years: 26 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Poland

Occupation: Laborer — Where Residing if not at place of death: Md

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: [illegible] — Father's Birthplace: Poland

Mother's Maiden Name: [illegible] — Mother's Birthplace: Poland

Name of person giving Information: [illegible] — How related to deceased: X

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by train — How long: Immediate

Immediate: — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Shroyer

Address: [redacted]

Accident ~~or Suicide~~?

LIBRARY BUREAU A66316

Name in Full: Elizabeth Jane Barnard.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany

Date of death 1904 — Month: 11 — Day: 26 — Age — Years: 69 — Months: 5 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Barnard. — Father's Birthplace: Maryland

Mother's Maiden Name: Susan Jane Barnard. — Mother's Birthplace: Maryland

Name of person giving Information: Fidelio Barnard. 19 — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: 3 or 4 yrs

Complicating with nephritis — How long: 2 mos

Immediate: Hemorrhage Kidney Ulcer — How long: Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Parsons

Address: Piedmont W Va

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Daniel Betz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland Md. County: Allegany

Date of death: Month: 11 Day: 12 1904

Age: Years: 26 Months: Days:

Sex: Male

Color or Race: White

Birthplace:

Occupation: Rail Roader

Where Residing if not at place of death: Cumberland Md

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Henry Betz

Father's Birthplace:

Mother's Maiden Name: Deaby

Mother's Birthplace:

Name of person giving Information: Wife. 166

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rail Road Accident

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~: Dennis E. O'Neal Coroner

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry Herman Borgman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumbd — County: Allegany

Date of death: Month: Feb — Day: 27 — Years: 82 — Months — Days

Sex: male — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Margretta Borgman

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information: John Borgman — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemmorhage (4) — How long: 6 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Workman

Address: Lonaconing

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Charles Edward Brophy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd County: Alleg

Date of death: 1904 Month: Feb Day: 28

Age: Years: 19 Months: Days:

Sex: Male Color or Race: White Birthplace: Cumbd

Occupation: Bricklayer Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Wm Brophy Father's Birthplace: Cumbd

Mother's Maiden Name: Danner Mother's Birthplace: "

Name of person giving Information: Mrs Wm Brophy How related to deceased: mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. How long

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature Physician: Dr Johnson & Wilson

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A66819

Name in Full: Chappell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Barton — County: Allegany

Date of death 1904 — Month: Nov — Day: 7

Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Barton Md

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: Wm. Chappell — Father's Birthplace: Mich

Mother's Maiden Name: Mattie Opeal S. — Mother's Birthplace: Alleg Co Md

Name of person giving In formation: Wm Chappell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: Still Birth — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. F. Boucher

Address: Barton, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: L. Wm Cheney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Londonderry — County: Allegany

Date of death 1904 — Month: 11 — Day: 16

Age — Years: 20 — Months: 4 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Miner

Name of Wife or Husband:

Father's Neme: Joseph C Cheney — Father's Birthplace: Pa.

Mother's Maiden Name: Martha Dunham — Mother's Birthplace: Somerset Co Md

Name of person giving In formation: Martha Cheney — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 64 — How long:

Immediate: C H Perry — How long: Four Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Carpenter

Address: Midland Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Chas. Andrick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg — County: Allegany

Date of death: Month: 11 — Day: 5 — 1904

Age: Years: 42 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mary Andrick

Father's Name: — — Father's Birthplace: Va

Mother's Maiden Name: — — Mother's Birthplace: Va

Name of person giving Information: Jno. Warner — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 1 wk.

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Brier

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: infant Hattie Coles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allg

Date of death: Month: Nov — Day: 3 — Age: Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Cumbd

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Hattie Coles — Mother's Birthplace: Cumbd

Name of person giving Information: Mrs Coles — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born 5 mo fetus — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. T. Dupe

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Dennis Collins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany

Date of death 190 4 — Month: 11 — Day: 14 — Age — Years: 73 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Miner

Name of Wife ~~Husband~~: Margaret Collins

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Wm Collins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long: 20 or 3 years

Immediate: Heart failure — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. A. Shuey

Address: Piedmont W Va

Accident or Suicide? no

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LIBRARY BUREAU A88516

Name in Full: Rebecca Brandt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rawlings — County: Allegany

Date of death 1904 — Month: Nov — Day: 19 — Age — Years: 84 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Allegany Co.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: widowed — Name of Wife or Husband:

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Jno. M. Brandt — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip & pneumonia — How long: —

Immediate: apoplexy — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Kelly

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A83318

Name in Full: Caroline Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death: Month: Jan — Day: 19 — Year: 1904 — Age: Years: 70 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Cumb'd Valley

Occupation: wife — Where Residing if not at place of death: —

Married, Single or Widowed: maried — Name of ~~Wife or~~ Husband: Isaac Davis

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Imformation: Robert Davis — How related to deceased: Son

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Address

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age — How long

Immediate: General debility — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Clayton O'Melaughlin

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Diffabaugh Sr

CERTIFICATE OF DEATH

MARYLAND

Town: Cumbd County: Alley

Died at

Date of death 1904	Month	Day	Age	Years	Months	Days
	Nov	16		77	10	9

TO BE ANSWERED BY NEAREST FRIEND

Sex: male	Color or Race: White	Birthplace: Alley Co. md	
Occupation: Laborer	Where Residing if not at place of death: —		
Married, Single or Widowed: maried	Name of Wife or ~~Husband~~: Margrett		
Father's Name: —		Father's Birthplace	
Mother's Maiden Name: —		Mother's Birthplace	
Name of person giving Information: D S Diffabaugh		How related to deceased: Son	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis	How long: —	
Immediate: Uraemia	How long: 16 hrs.	
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: Edward Harris	
	Address: 28 Bedford St. Cumberland Md.	
Accident or Suicide? —		

LIBRARY BUREAU A88018

Name in Full: Isaiah Easton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb | County: Allegany

Date of death 1904: Month: Mar | Day: 15 | Age: Years: 55 | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: Rockwood Md

Married, Single or Widowed: Maried | Occupation: Laborer

Neme of Wife ~~Husband~~: Mrs Easton

Fether's Name: Dead | Father's Birthplace:

Mother's Maiden Name: Dead | Mother's Birthplace:

Name of person giving In formation: Easton | How related to deceased: Wife

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primery: Acute meningitis | How long: 10 days

Immediete: Exhaustion | How long: Seven days

Are the name, ege, sex, color, date end piece correctly given above?

Signature of Physician: J Jones M D

Address: Cumberland Maryland

Accident or Suicide?

LIBRARY BUREAU A82510

Name in Full: John Ellis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Luke — County: Allegany

Date of death: Month: 11 — Day: 1st — Year: 1904 — Age: Years: 34 — Months: 4 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Scotland

Occupation: Miner — Where Residing if not at place of death: Luke

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza Ellis

Father's Name: Abraham Ellis — Father's Birthplace: Scotland

Mother's Maiden Name: Dont Know — Mother's Birthplace: "

Name of person giving information: James Donnely — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Six Months

Immediate: Do. — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. F. Long

Address: Piedmont W Va

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Jeremiah Everly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allegh

Date of death: Month: Nov — Day: 24 — Years: Age 67 — Months — Days

Sex: male — Color or Race: White — Birthplace: Pa

Occupation: Moulder — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Annie Everly

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: Anne Everly — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thomas H Koon

Address: Cumberland Md

Accident or Suicide?

for L Stein by Phone.

LIBRARY BUREAU A6881¢

Name in Full: Mrs. Ezabella Ewing

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death: 1904; Month: 11; Day: 10; Age: Years: 76; Months: 6; Days: 4

Sex: Female; Color or Race: White; Birthplace: Cumberland Md

Occupation: House wife; Where Residing if not at place of death: Same

Married, Single or Widowed: married; Name of Wife or Husband: Robert Ewing

Father's Name: —; Father's Birthplace: Maryland

Mother's Maiden Name: —; Mother's Birthplace: Maryland

Name of person giving Information: John Ewing; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 6 days

Immediate: Exhaustion; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Price

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A65816

Name in Full: Carmine Gabelino

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Cumberland; County: Allegany

Date of death 190[illegible]: Month: 4; Day: 18

Age: Years / Months / Days

Sex: Male

Color or Race: White

Birthplace: Italy

Occupation: Laborer

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by Rail Road Train

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dennis E O'Neal

Address: Cumberland MD Coroner

Accident or Suicide? Accident

LIBRARY BUREAU A68516

Name in Full: Charles E. Gentry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death: 1904 Month: Nov Day: 30

Age: Years: 6 Months: 8 Days: —

Sex: Male Color or Race: White Birthplace: Westernport

Occupation: none Where Residing if not at place of death: Westernport

Married, Single or Widowed: Name of Wife or Husband: —

Father's Name: Charles Gentry Father's Birthplace: Westernport

Mother's Maiden Name: Virginia Metzger Mother's Birthplace: U S

Name of person giving Information: Charles Gentry How related to deceased: Uncle

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: None How long: One month

Immediate: Convulsions How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Skilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Charles Greenfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alle[gany]

Date of death	Month	Day	Years	Months	Days
1904	11	6	Age 60	November	6

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colored	Birthplace: unknown	
Occupation: Driver	Where Residing if not at place of death: —		
Married, Single or Widowed: Widower	Name of Wife or Husband: —		
Father's Name: unknown		Father's Birthplace: —	
Mother's Maiden Name: unknown		Mother's Birthplace: —	
Name of person giving Imformation: GS Butler		How related to deceased: undertaker	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun Shot wounds		How long: Immediate
Immediate: Shock		How long: —
Are the name, age, sex, color, date and place correctly given above?	Signature of ~~Physician~~: Dennis E Neal Coroner	
	Address: Cumberland Md	
Accident or Suicide?		

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LIBRARY BUREAU A8931G

Name in Full: Miss Harriet Guyton.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death: 1904 Month: Nov Day: 3 Age: Years: 64 Months: 4 Days: 7

Sex: Female Color or Race: White Birthplace: Lonaconing

Occupation: Housewife Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married Name of Wife or Husband: Chas. Guyton.

Father's Name: Wm. Spiller Father's Birthplace: Lonaconing

Mother's Maiden Name: Katherine Duckworth Mother's Birthplace: Lonaconing

Name of person giving Imformation: Mrs. Guyton How related to deceased: Daughter in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis How long: 2 years.

Immediate: Cerebral Hemmorrhage How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry W. Hodgson

Address: Lonaconing, Md.

Accident or Suicide?

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LIBRARY BUREAU A88516

Name in Full: Margaret Height

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death	Month	Day	Years	Months	Days
1904	11	16	Age 62	7 — 10	—

Sex: Female

Color or Race: White

Birthplace: Allegany Co. Md.

Occupation: Housewife

Where Residing if not at place of death: Frostburg, Md.

Married, Single or Widowed: Married

Name of Wife or Husband: Thomas Height

Father's Name: Henry Lip Firle

Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Pompert

Mother's Birthplace: Germany

Name of person giving Information: Mrs. May McGaughy

How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatic cancer

Secondary: Cancer of pylorus

How long: 8 or 9 months

Immediate: Exhaustion

How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Coles

Address: Frostburg Md.

Accident or Suicide?

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LIBRARY BUREAU A68816

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Name in Full: Mary E. Hewitt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Month: Nov Day: 13

Age: Years: 67 Months: Days:

Sex: Female

Color or Race: White

Birthplace:

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Otho Hewitt

Father's Name: Dead

Father's Birthplace:

Mother's Maiden Name: Dead

Mother's Birthplace:

Name of person giving information: Alice Hewitt 40

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the stomach

How long: 1 yr -

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. H. Brace

Address: Cumb Md

Accident or Suicide?

In family

LIBRARY BUREAU A86616

Name in Full: Bernitta Hirsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alle

Date of death 1904: Month: 11 — Day: 5 — Age: Years: 84 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband

Father's Name: dead — Father's Birthplace

Mother's Maiden Name: dead — Mother's Birthplace

Name of person giving Information: Joseph Hirsh — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Failure — How long

Immediate: Cystitis — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. H. Logue M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Emma V Hutzler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Emmitsburg — County: Frederick

Date of death: Month: Nov — Day: 29 — Year: 1904 — Age: Years: 30 — Months: - — Days: -

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Occupation: wife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Wm Hutzler

Father's Name: Henry Crabtree — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Rachael Springstead — Mother's Birthplace: "

Name of person giving In formation: Wm Hutzler — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 27

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Carl Smith

Address: Emmitsburg Md. per Fabian Ellerslie

Interment Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Near James Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: Nov; Day: 7; Age: Years: 30; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: —

Occupation: Driller; Where Residing if not at place of death: Cumberland

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: [illegible]; How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dynamite Explosion; How long: —

Immediate: " "; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo H Carpenter

Address: Cumberland

Accident or ~~Suicide~~?

LIBRARY BUREAU A88618

Name in Full: Thos G Kearns

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumbd — County: Allegany

Date of death: Month: Nov — Day: 19 — Year: 1904 — Age: Years: 50 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace:

Occupation: Farm Hand — Where Residing if not at place of death: Owensaston Md

Married, Single or Widowed: Maried — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

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Name of person giving Imformation: George T. Hice supt — How related to deceased: Employer

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neuris. Pyloric Ed of Stomach — How long: 2 Mo.

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Twigg

Address: Cumberland Md

Accident or Suicide?

Dec 28 1904

LIBRARY BUREAU A6858

Name in Full: C. V. Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allegany

Date of death 1904: Month: Nov — Day: 10 — Age: Years: 61 — Months: 2 — Days:

Sex: Female. — Color or Race: White — Birthplace: Cumbd

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Maried — Name of Wife or Husband: J W. Kelley.

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Imformation: J W Kelley — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: 8 Months

Immediate: Gall Stone Colic — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Kelly

Address: Dr Kelly

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Michael Alphonso Kelly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Eckhart Mines (County) Allegany

Date of death 1904 (Month) Nov (Day) 5th

Age (Years) 46 (Months) 11 (Days) 7

Sex Male

Color or Race White

Birthplace Eckhart Mines

Married, Single or ~~Widowed~~ ~~Ellen Woolfort~~

Occupation R. R. Supervisor

Name of Wife or Husband Ellie Woolfort

Father's Name John D. Kelly

Father's Birthplace Ireland

Mother's Maiden Name Budget Corcoran

Mother's Birthplace Ireland.

Name of person giving information Thomas Kelly

How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Acute Alcoholism (56)

How long 2. weeks

Immediate Pneumonia

How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician B. McCrumbie

Address Eckhart Mines Md.

Accident or Suicide?

LIBRARY BUREAU A8851A

Name in Full: J. C. Kendal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904	Month	Day	Years	Months	Days
	11	1st	Age 40	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace	
Occupation: Egineer	Where Residing if not at place of death	Helena Montana	
Married, Single or Widowed: Married	Name of Wife or Husband: unknown		
Father's Name: unknown		Father's Birthplace: —	
Mother's Maiden Name: "		Mother's Birthplace: —	
Name of person giving Imformation: G S Butler		How related to deceased: Undertaker	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rail Roead Accident		How long: Immediate
Immediate: —		How long: —
Are the name, age, sex, color, date and place correctly given above?	Signature of ~~Physician~~	
	Address: Dennis E O'Neal Coroner	
Accident or ~~Suicide~~?	Cumberland Md	

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LIBRARY BUREAU A80316

Name in Full: Infant of W. H. Reger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Nov — Day: 15 — 1904

Age: Years — Months — Days: 1

Sex: Female — Color or Race: White — Birthplace: Cumberland

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: W. H. Reger — Father's Birthplace: Pa

Mother's Maiden Name: Mary Autry — Mother's Birthplace: Scotland

Name of person giving Information: — How related to deceased: —

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CAUSES OF DEATH

Primary: Premature Birth — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Turgg,

Address: Cumberland, Md.,

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

Name in Full: Rosie Kougel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Alleg

Date of death: Month: Nov — Day: 29 — 1904

Age — Years: 72 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Wife — Where Residing if not at place of death: —

Married, Single or Widowed: Maried — Name of Wife or Husband: Micheal Kougel

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information: Mrs Fred Kougel — How related to deceased: daughter-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma — Cardiac — How long: years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H W Lochmann

Address: Frostburg

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Alton Lyman Lawrence

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumbd — County: Alleg.

Date of death: Month: Nov — Day: 29 — Year: 1904 — Age: Years: 9 — Months: 4 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Cumbd.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Katie Little — Mother's Birthplace: —

Name of person giving information: Katie Little — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobar Pneumonia. — How long: —

Immediate: Cardiac dilation & exaustion. — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Harris

Address: 88 Bedford st. Cumberland Md.

Accident or Suicide? —

LIBRARY BUREAU A86618

Name in Full: Sarah Lee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County:

Date of death 1904 — Month: Nov — Day: 24 — Age: Years 72 (about) — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: Thomas Lee (deceased)

Father's Name: — — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: Ireland

Name of person giving Information: Mrs Jas Lee — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debility & Age and Enteritis — How long: 6 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Geo. L. Broadrup M.D.

Address: Cumberland Md

Accident or Suicide? No — 98 Va ave

LIBRARY BUREAU A88516

Name in Full: Jacob Leibel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegh

Date of death: Month: Nov — Day: 14 — Years: Age - 84 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Dead

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Charles Leibel — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular heart lesion — How long: years

Immediate: Acute dilatation — How long: about ½ hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. H. Slaughter

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A85518

Name in Full: Barbara Whitmer Lintz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton; County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: nov; Day: 18; Age: Years: 75; Months: 5; Days: —

Sex: Female; Color or Race: white; Birthplace: Germany

~~Married, Single~~ or Widowed: Widowed; Occupation: —

Name of ~~Wife~~ Husband: Valentine Lintz

Father's Name: Whitmer; Father's Birthplace: Germany

Mother's Maiden Name: —; Mother's Birthplace: " "

Name of person giving Information: Elmer Coon; How related to deceased: Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Boucher, M.D.

Address: Barton, Md.

Accident or Suicide: —

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LIBRARY BUREAU A99516

Name in Full: Mrs. Jane Lloyd

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pekin — County: Allegany

Date of death: Month: Nov — Day: 9 — Year: 1904 — Age: Years: 47 — Months: — — Days: 23

Sex: Female — Color or Race: White — Birthplace: Scotland

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Lloyd Decand

Father's Name: Robert Kiddy Decand — Father's Birthplace: Scotland

Mother's Maiden Name: Margaret Russell — Mother's Birthplace: "

Name of person giving Information: David Kiddy — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis — How long: Two years

Immediate: Gangrene involving right lung — How long: Four days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Shilling

Address: Lonaconing

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Domenico Maiolo

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Allg

Date of death: Month: Nov — Day: 8 — 1904

Age: Years: 25 — Months: — — Days: —

Sex: Male — Color or Race: Italian — Birthplace: Italy

Occupation: Laborer — Where Residing if not at place of death: Piedmond W. Va

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Ruptured Bladder & Peritonitis — How long

Immediate: Exhaustion — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. F. McDonald.

Address: Cumberland Md.

Accident or Suicide? —

LIBRARY BUREAU A8831O

Name in Full: James B. Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg.

Date of death	Month	Day	Years	Months	Days
1904	Nov	2	Age 20	5	—

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James Martin — Father's Birthplace: Scotland

Mother's Maiden Name: Mary Muir — Mother's Birthplace: Md

Name of person giving Information: Jas Martin — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 6 mos

Immediate: Exhaustion — How long: 12 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Brace, M. D.

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Nancy Frazenbaker Michael

CERTIFICATE OF DEATH

MARYLAND.

Died at (Town) Accident — (County) Garrett

Date of death 1904 — Month 11 — Day 17 — Age — Years 74 — Months — — Days —

Sex Female — Color or Race White — Birthplace Maryland

Occupation Widow — Where Residing if not at place of death Barton. Md.

Married, Single or Widowed Widow — Name of Wife or Husband Jesse Michaels

Father's Name — — Father's Birthplace

Mother's Maiden Name — — Mother's Birthplace

Name of person giving information Jennie Crawford. — How related to deceased Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Sarcoma — How long about 2 yrs

Immediate Sarcoma. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician T. F. Wilson, M.D.

Address Piedmont W. Va.

Accident or Suicide?

PHYSICIAN OR CORONER

45

LIBRARY BUREAU A68818

Name in Full: Susanah Willes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gilmore — County: Allegany

Date of death 1904 — Month: Novemb — Day: 11 — Age: Years 68 — Months 8 — Days 23

Sex: Female — Color or Race: White — Birthplace: Lonaconing

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband: Salam Beeman

Father's Name: Samuel Willes — Father's Birthplace: Do not Know

Mother's Maiden Name: Do not know — Mother's Birthplace: " " "

Name of person giving In formation: Salm Thomas Beeman — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 14 Months

Immediate: Invantion — How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith

Address: Midland Md

Accident or Suicide?

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LIBRARY BUREAU

Name in Full: Thomas Moran

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Md Savage — County: Allegany

Date of death 190 7 — Month: Nov — Day: 9th

Age — Years: 58 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Barton Md

Married, Single or Widowed: Married — Occupation: Coal Miner

Name of Wife or Husband: Martha Tyndall

Father's Name: Thomas Moran — Father's Birthplace: Ireland

Mother's Maiden Name: Nora Spillman — Mother's Birthplace: Ireland

Name of person giving information: Edward Tyndall — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Biliary Cirrhosis of Liver — How long: several months

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Allan G. Murray

Address: Md Savage Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Kathrin Murphy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lonaconing — County: Allegany

Date of death 1901 — Month: June — Day: 14 — Age — Years: 63 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: New York City

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Dennis Murphy — Father's Birthplace: X

Mother's Maiden Name: Bridget " " — Mother's Birthplace:

Name of person giving information: Dennis Murphy — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Obstruction Bowels — How long: 4 yrs

Immediate: Gangrene Bowels — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie Myers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Eckhart — County: Allegany

Date of death: 1904 — Month: Nov. — Day: 25 — Age: Years: 23 — Months: 7 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Allegany Co Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Frank C. Myers

Father's Name: Wm Griffith — Father's Birthplace: Wales

Mother's Maiden Name: Annie Brown — Mother's Birthplace: England

Name of person giving In formation: Frank C. Myers — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Eclampsia — How long: 11 hours

Immediate: — How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C Coberg

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A86616

Isom

Eckhart Conch

Name in Full: Barbara Jane Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Boonsboro — County: Washington

Date of death 1904 — Month: Nov. — Day: 31

Age — Years: 25 — Months: 3 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Washington Co. Md.

Married, ~~Single~~ or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: William Agusta Myers

Father's Name: Edward Goodman — Father's Birthplace: Washington Co. Md.

Mother's Maiden Name: Katherine Sprecher — Mother's Birthplace: Washington Co. Md.

Name of person giving In formation: W. A. Myers — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 2 mos

Immediate: Septicaemia — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Bailey

Address: Boonsboro Md.

Accident or Suicide?

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LIBRARY BUREAU A88818

Name in Full: Anzo Nettie Newton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Luke; County: Allegany

Date of death: 190 4 Month: 11 Day: 5

Age: Years: 28 Months: 11 Days: 27

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation: Housewife

Where Residing if not at place of death: Luke Md

Married, Single or Widowed: Married

Name of Husband: Jno. A. Newton

Father's Name: E. W. Hitt

Father's Birthplace: Virginia

Mother's Maiden Name: A. R. Tanner

Mother's Birthplace: Virginia

Name of person giving information: Jno A. Newton

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

Dr Parsons

CAUSES OF DEATH

Primary: Tuberculosis — How long: about 18 months

Immediate: Same — How long: Same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. H. Parsons

Address: Piedmont W Va

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Mrs Augusta Norman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ger[illegible] County: Alle

Date of death 1901 | Month: 11 | Day: 25 | Age: Years: 77 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Germany

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Widowed | Name of Wife or Husband:

Father's Name: — | Father's Birthplace:

Mother's Maiden Name: — | Mother's Birthplace:

Name of person giving Information: Miss Minnie Norman | How related to deceased: daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age | How long: —

Immediate: Exhaustion | How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. T. Durgy

Address: [redacted] Md July

Accident or Suicide?

Dr Durgy

LIBRARY BUREAU A66616

Name in Full: Carl Elias Kase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb County: [redacted]ley

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Nov	16	Age [redacted]	4	25

Sex: Male Color or Race: White Birthplace: Cumb

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John F Kase Father's Birthplace: md

Mother's Maiden Name: Susa Jarrigy Mother's Birthplace: md

Name of person giving Imformation: John F Kase How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Maiasmus How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F L Barkdull

Address: [redacted]

Accident or Suicide?

for L Lin

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LIBRARY BUREAU A80518

51 Springdale Sq.

Name in Full: James Albert Owens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lord — County: Allegany

Date of death: Month: November — Day: 26 — Age: Years: — Months: 6 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Some Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Lewis Owens — Father's Birthplace: West Va.

Mother's Maiden Name: Susan Hotchkiss — Mother's Birthplace: West Va.

Name of person giving information: Lewis Owens — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably - Asphyxia — How long: Short time -

Immediate: Convulsions — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James A. Bullock

Address: Some county Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Harry Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1907: Month: Nov.; Day: 8; Age: Years: 31; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: W. Va.

Occupation: Laborer; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: J. M. Peck; How related to deceased: 27

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: about 8 mos.

Immediate: Gen. Mal-nutrition; How long: about 3 mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. H. Thompson

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88818

102 Green St.

Name in Full: Wm Evan Poole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland — County: Allegany

Date of death: Month: Nov — Day: 1 — Years: 21 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Ohio

Occupation: Elec Car Conductor — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Filoseva Poole

Father's Name: Wm Poole — Father's Birthplace: W-Va

Mother's Maiden Name: Maggie B. Harrison — Mother's Birthplace: W-Va

Name of person giving In formation: Mrs Mc Graves 34 — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General tuberculosis — How long: 6 months

Immediate: Exhaustion. — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. T. Duke

Address: Cumberland Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66016

Name in Full: Martin J Powell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Alleg.

Date of death: Month: 11 — Day: 28 — Years: 57 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Penn

Occupation: — Where Residing if not at place of death: Cumb'd

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Betty Powell

Father's Name: Edward Powell — Father's Birthplace: Va

Mother's Maiden Name: Louisa Lloyd — Mother's Birthplace: Maryland

Name of person giving information: Geo Daughter — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease — How long: 3 months

Immediate: " " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo H Carpenter

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A8891S

Name in Full: Bessie Evelyn Rankin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bruden — County: Allegany

Date of death 1904 — Month: Nov — Day: 19 — Age — Years: 4 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Bruden Allegany Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Alexander Rankin — Father's Birthplace: Allegany Co Md

Mother's Maiden Name: Kate McGrady — Mother's Birthplace: Allegany Co Md

Name of person giving Information: Clayton Rankin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scarlet-fever — How long: 4 weeks

Immediate: Admitis — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J E Coberg

Address: Frostburg Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Ohio

Allegany County

Name in Full: infant J. W. Reed

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbo County: Alleg

Date of death 190 4: Month: Nov Day: 13

Age: Years: — Months: — Days: 1

Sex: male Color or Race: White Birthplace: —

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: J W Reed Father's Birthplace: Cumbo

Mother's Maiden Name: Sophia Ashenbach Mother's Birthplace: Cumbo

Name of person giving information: " " How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth How long

Immediate: about five months How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J Poorman

Address: Cumbo

Accident or Suicide? —

LIBRARY BUREAU A8851G

Name in Full: Solomon Rexroad

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg

Date of death: Month: Oct — Day: 7 — Year: 1904 — Age: Years: 62 — Months: 3 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Dead — Father's Birthplace: —

Mother's Maiden Name: Dead — Mother's Birthplace: —

Name of person giving Imformation: John Rexroad — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Heart Disease — How long: 6 mos

Immediate: Exhaustion — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C H Brace

Address: Cumbd Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Amanda Ellen Seibert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoffman; County: Allegany

Date of death: Month: 11; Day: 10; 1904

Age: Years: 53; Months: 7; Days: 13

Sex: F.; Color or Race: W.; Birthplace: Va

Occupation: N. W.; Where Residing if not at place of death:

Married, Single or ~~Widowed~~; Name of ~~Wife~~ or Husband: John H. Seibert

Father's Name: Noah Boshman; Father's Birthplace: Va

Mother's Maiden Name: Sarah Rhineman; Mother's Birthplace: Va

Name of person giving Information: Husband; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 3 yrs.

Immediate:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. T. O. McLane

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A66816

Born

Allegany County

Dorothy

Name in Full: J. Frank Leiss

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Narrows Park; County: Allegany

Date of death: Month: Nov.; Day: 22; 1904

Age: Years: 78; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace:

Occupation: Retired Lawyer.

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Harriet Leiss

Father's Name: —

Father's Birthplace:

Mother's Maiden Name: —

Mother's Birthplace:

Name of person giving Imformation: J. Walter Long

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 1 Week

93

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Thad. S. Foard

Address: Ridgeley Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alice Jane Swaltz 237.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlow — County: Berkley — W Va

Date of death 1904: Month: Nov — Day: 7 — Years: Age 46 — Months — Days: 13

Sex: Female — Color or Race: White — Birthplace: Berkley Co. W. Va

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Married — Name of ~~Wife of~~ Husband: John D Swaltz

Father's Name: Hillary Herbert — Father's Birthplace:

Mother's Maiden Name: Maria Houck — Mother's Birthplace:

Name of person giving Information: 93 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Pneumonia — How long: 16 days

Immediate: Toxaemia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: D. M. Wirt M.D

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant of Robt Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cornt. County: Cecil

Date of death: Month: Oct Day: 2 1904

Age: Years: — Months: — 6 Hrs

Sex: Female Color or Race: Colora Birthplace: Cecil

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Robt Smith Father's Birthplace: Md

Mother's Maiden Name: Nettie Johnson Mother's Birthplace: Penna

Name of person giving In formation: " " How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long

Immediate: Premature Birth 151 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Nellie Lewis

Accident or Suicide?

LIBRARY BUREAU A88818

Martin
11 Fairview Ave.
St. Pat.
20

Name in Full: Samuel L. Spealman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death: 1904 — Month: Nov — Day: 15 — Age: Years: 54 — Months: 2 — Days:

Sex: male — Color or Race: White — Birthplace: Allegany Co. Md

Occupation: ice cream mfg'r — Where Residing if not at place of death: —

Married, Single or Widowed: Maried — Name of Wife or Husband: Harriet Francis Spealman

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Howard Spealman — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Face — How long: 18 months

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. M. Wiley

Address: Dr Wiley

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Barbra Stidher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death: 1904 — Month: Nov — Day: 28 — Age: Years: 80 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: / — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving In formation: Louisa Stidher — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis (91) — How long: 1 year

Immediate: Gradual Exhaustion — How long: few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Jackman

Address: Emmitsburg

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Ellsworth Ray Stuby.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westernport — County: Allegany.

Date of death 190 — Month: 11 — Day: 27 — Age: Years 1 — Months 1 — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Baby.

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. E. Stuby — Father's Birthplace: Penn.

Mother's Maiden Name: Mary Gais — Mother's Birthplace: Maryland

Name of person giving information: W E Stuby — How related to deceased: Father

CAUSES OF DEATH

Primary: Marasmus — How long: 4 months

Immediate: X — How long: X

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Long

Address: Piedmont

Accident or Suicide?

Long

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LIBRARY BUREAU A88516

Name in Full: Cora Ravina Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death: Month: Nov. — Day: 4 — 1904

Age: Years: 0 — Months: 2 — Days: 23

Sex: Female

Color or Race: Colored

Birthplace: Frostburg, Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Jerome Taylor

Father's Birthplace: Frostburg Md.

Mother's Maiden Name: Mary Elizabeth Jones

Mother's Birthplace: Mcllwaine Va.

Name of person giving information: Jerome Taylor

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis (acutes)

How long: 24 hours

Immediate: " "

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. G. Cober

Address: Frostburg, Md.

Accident or Suicide? —

LIBRARY BUREAU A88316

Allegany Co.

Name in Full: Geo. W. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death 190	Month	Day	Age: Years	Months	Days
	11	27	77		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Justice of Peace — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: — Name of Wife or Husband: Martha M.

Father's Name: Thomas Thompson — Father's Birthplace: Baltimore

Mother's Maiden Name: Mary Thompson — Mother's Birthplace: "

Name of person giving information: Miss Nancy Whaland — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of advanced age — How long:

Immediate: — — How long:

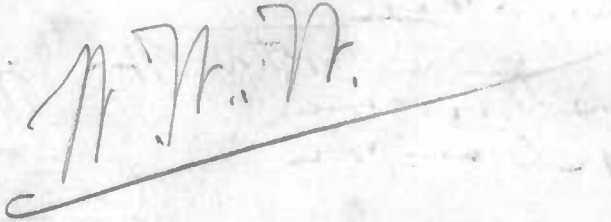
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley

Address: Cumberland Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A89016



Name in Full: Bridget Agnes Umstadt

CERTIFICATE OF DEATH

Died at: Town: Cumb. County: — MARYLAND

Date of death 1904 Month: Oct Day: 2 Years: 32 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Ireland

Occupation: wife Where Residing if not at place of death: — —

Married, Single or Widowed: Maried Name of Husband: — S G Umstadt

Father's Name: Dead Father's Birthplace:

Mother's Maiden Name: Mrs Bridget Swift Mother's Birthplace: Ireland

Name of person giving Information: " " How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 25 Days

Immediate: Meningitis How long: Last days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician: J Tom Wilson

Address: Cumberland Maryland

Accident or Suicide? —

LIBRARY BUREAU A86616

Name in Full: John Welsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barton; County: Allegany

Date of death 1904: Month: Nov; Day: 1

Age: Years: 43; Months: 4; Days: 10

Sex: Male

Color or Race: White

Birthplace: Alleg. Co Md

Married, Single or Widowed: Single

Occupation: Saloon Keeper

Name of Wife or Husband:

Father's Name: Peter Welsh

Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Ball

Mother's Birthplace: Ireland

Name of person giving In formation: John Casey

How related to deceased: Cousin

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Alcoholism

How long: ten days

Immediete: Heart failure

How long: several hours

Are the name, age, sex, color, date end place correctly given above? Yes

Signature of Physician: D. H. Boucher

Address: Barton Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Clema Whitehead

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Midlothian — County: Allegany

Date of death 1904	Month	Day	Years	Months	Days
Age	11	8	7		

Sex: Female — Color or Race: White — Birthplace: Midlothian

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Wm Whitehead — Father's Birthplace: America

Mother's Maiden Name: Mandy Zentmyer — Mother's Birthplace: "

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. F. L. Clyne

Address: Midlothian

Accident or Suicide?

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LIBRARY BUREAU FORMS

Name in Full: Daniel Young

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cumberland County: Allg.

Date of death 1907 Month: Nov Day: 7 Age: Years 78 Months — Days —

Sex: Male Color or Race: White Birthplace: Md

Occupation: Farmer Where Residing if not at place of death: —

Married, Single or Widowed: Widower Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: M L Young How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion from fall How long: —

Immediate: Shock How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O H Brace M D

Address: Cumbd Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A89515